Financial Aid Office
7250 Mesa College Drive I4-107
San Diego, CA 92111
Phone: (619) 388-2817
Fax: (619) 388-2824

WE ARE Mesa

2016-2017 FINANCIAL AID VERIFICATION OF INDEPENDENT STATUS

SECTION I (Instructions)

Students who answered 'yes' on their Free Application for Federal Student Aid (FAFSA) to being homeless must submit documentation to the **San Diego Mesa College Financial Aid** Office, if this is the only criterion which makes a student Independent. This form has been provided to enable students to demonstrate their independency status for financial aid purposes. Acceptable documentation, in lieu of this form, would also be a signed letter (on letterhead) by any of the certifying officials listed in Section III.

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SECTION II (to be completed by Student)

Last Name First Name M.I. CSID

E-mail Address (if applicable) Phone Number (if applicable)

I hereby authorize the certifying official at _____ to release information regarding my homeless status (as of July 1, 2015 or later) to the **San Diego Mesa College Financial Aid** Office.

Student Signature Date

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SECTION III (to be completed by Certifying Official)

The student above may be eligible for financial aid as an independent student. When validation is complete, please return the form to the **San Diego Mesa College Financial Aid Office, 7250 Mesa College Drive, I4-107, San Diego, CA 92111-4998**. Please **check** only one option and sign below.

- ☐ Student was determined to be an unaccompanied youth who was homeless (on or after July 1, 2015) ***by a high school or high school district homeless liaison***.
- ☐ Student was determined to be an unaccompanied youth who was homeless (on or after July 1, 2015) ***by the director/coordinator of an emergency shelter or transitional housing program funded by the U.S. department of Housing and Urban Development***.
- ☐ Student was determined to be an unaccompanied youth who was homeless or at risk of being homeless (on or after July 1, 2015) ***by the director/coordinator of a runaway or homeless youth basic center or transitional living program***.

Print Name of Certifying Official Date Phone Number

Signature of Certifying Official E-mail Address

Title of Certifying Official

SEAL